

FILED APR 10 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11809**  
Registrar's No. **21**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6157

1. PLACE OF DEATH a. COUNTY <b>Stone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stone</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural--Pine</b>		c. LENGTH OF STAY (in this place) <b>years</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1 Mi. N. of Blue Eye</b>		d. STREET ADDRESS (If rural, give location) <b>10400 1 Mi. N. of Blue Eye</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b>		b. (Middle) <b>ALLEN</b>	
c. (Last) <b>BUTLER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 23, 1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>14 Feb. 1866</b>
9. AGE (in years last birthday) <b>91</b>		IF UNDER 1 YEAR Month Days	IF UNDER 24 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Laclede County, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Wilson S. Butler</b>	
13b. MOTHER'S MAIDEN NAME <b>Margaret Deadman</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Arvilla Fultz</b>		ADDRESS <b>Berryville Ark</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <b>0</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>331x</b>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <b>3-12</b> , 19 <b>57</b> , to <b>3-23</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>3-22</b> , 19 <b>57</b> , and that death occurred at <b>9 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>A. L. Carter M.D.</b> (Degree or title)		23b. ADDRESS <b>Berryville Ark.</b>	
23c. DATE SIGNED <b>4-1-57</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-27-57</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Blue Eye Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Blue Eye, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Mar 30 57</b>		REGISTRAR'S SIGNATURE <b>Mrs. J. Genevieve Bussard</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Nelson Funeral Home</b>		ADDRESS <b>Berryville, Ark</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Charles M. Wilson

Licensed Embalmer No. 5002

P. O. Address Benjamins, Ark.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.